

File

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
00-006

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7-1-00

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.331

7. FEDERAL BUDGET IMPACT:
a. FFY \$
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19 B., page 2.

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 4.19 B., page 2.

10. SUBJECT OF AMENDMENT: Cost for Factor VIII Drugs

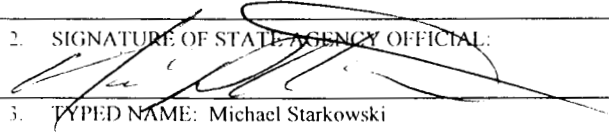
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Michael Starkowski

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
September 29, 2000

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Robert Augeri

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 29, 2000

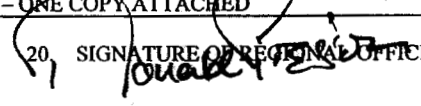
18. DATE APPROVED: 12/15/2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Ronald Preston

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE CONNECTICUT

Methods and Standards for Establishing Payment Rates – Other Types of Care

- (a) Prescribed Drugs
 - 1. With the exception of (a).2 below the cost of drugs is determined by the drug product allowance established by the HCFA Upper Payment Limits plus a reasonable professional Dispensing Fee; The State's estimated acquisition cost (E.A.C.) which is AWP – 12% plus a reasonable professional Dispensing Fee; or the usual and customary charge to the general public, whichever is lower.
 - 2. The maximum allowable cost paid for Factor VIII (Factorate, Antihemophilic Factor, AHF) pharmaceuticals shall be the Actual Acquisition Cost (AAC) plus eight per cent.
 - (b) Prosthetic devices – Negotiated fixed fee schedule.
 - (c) Eyeglasses – Negotiated fixed fee schedule when provided by the optician or the actual wholesale cost when provided by the optometrist.
 - (d) Hearing aid – The price allowed shall be the cost of the hearing aid to the provider, not to exceed \$160.00.
- (13) Other diagnostic, screening, preventive and rehabilitative services.
- (a) Durable Medical Equipment – Fixed negotiated fee schedules.
 - (b) Rehabilitation Services
 - (1) School Based Child Health Services – Bundled Rate. Rates for rehabilitation services provided provided in accordance with an Individual Education Program (IEP) through the State Department of Education by or on behalf of Local Educational Agencies (LEAs) will be based upon annual audited cost and audited utilization filings made by LEAs. School Based Child Health (e.g. Special Education), rates for evaluation (including triennial reevaluations) will be on a cost per child per year basis by type of placement (in-district and out-of-district). Rates

TN# 00-006

Supersedes

TN# 95-018Approval Date 12/11/2000Effective Date 7-1-00